capable of rendering bone and jimat supple enough to be manipulated into their appropriate positions. It is important that the bone be set precisely, for if improperly aligned it will stretch the jimat and cause them to twist once more, bringing a recurrence of the original symptoms.

If palpation or visual inspection indicate that the bone has splintered, an incision is made over the break and the splinters are removed with an instrument specially brought for this purpose. These instruments are of European manufacture and exotic by local standards, ranging from cosmetic tweezers to surgical forceps. After the bone has been set and the jimat moved into their proper relationships, a wooden splint is secured over the fracture and is tied with strips of toga cloth.

When an incision is made, an herbal poultice is placed over the cut and wrapped beneath the splint, as a precaution against subsequent infection (kusil). Every tagañ owns a recipe for an unguent, and the medicaments used in it are kept a professional secret. However, not all tagañs have recipes for kusil prophylaxis. Without the latter, a tagañ who wishes to treat compound fractures must obtain the services of an herbalist whose specialty is the treatment of kusil. Similarly the tagañ who is able to treat compound fractures

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needs.[1]

*759 The wogeysa's remaining therapies---excision of
*753 tonsils (ankar) and teeth---are characterized by simpler
752 diagnosis and treatment than are the tagañ's works.
[843] Swollen and inflamed tonsils (komahaw) may be caused by
*[192] gerifta; in infants, however, the condition may be congenital, brought on by the over-exertions of the child's mother during pregnancy. It is considered a potentially mortal affliction, since the sickman is unable to swallow and loses weight rapidly; eventually the organ bursts and death follows. Tonsils are excised with the assistance of a reed through which a loop of horse
• [413] [199] hair has been slipped. With this, the offending organ is held fast, and excised by whatever type of blade the therapist regards as most efficacious (e.g., a razor, imported 'Arab' knife, or fragment of glass).[2] Kusil

[1]During 1966, the foremost tagañ of Begemder had the following sickmen living simultaneously in three huts which he had erected on his fields; 1) a woman from Woggera (see map 1), with a fractured clavicle, assisted by her daughter; 2) a four year old boy, with a shoulder injury, accompanied by both parents; 3) a woman with a broken fore-arm, from Belsea, assisted by a locally acquired servant; 4) a woman from Tigre, with an immobile right arm, assisted by a locally acquired servant.

[2]In the Gondar area, both tonsils and uvula are classified as 'ankar'. Elsewhere in Begemder, they are often distinguished as 'ankar' and 'intil'. Therapeutically, diseased tonsils and uvula are treated the same, and a wogeysa capable of treating one invariably treats the other.

*753 *759 752 *[278] *(192] [855] *[278] *[192] • [413] [177] *[278]

is considered a potential, but not immediate danger following excision. If an ankar korac ("tonsil cutter") is also a kusil herbalist, he may smear a prophylactic unguent over the face of the excision, but prophylaxis is not generally given. Even when kusil does occur (the syndrome known as yiankar mokusil), it is expected to regress either without any treatment, or by benefit of a commonly known herbal infusion. A young child is considered too small and frail to endure this operation and the subsequent period of increased vulnerability to gerifta and kusil. In such cases, the child is given a palliative to drink; in addition, a portion of the ingredients used in the drink is prepared as an unguent, and rubbed onto the affected area, against that time when the child will be old enough to withstand the operation.

The dental wogeyša is known as a "yiters medhaniyt awlakiy". As with other wogeyša-treated ailments, toothache can be traced to multiple causes, whose identification is only marginally important to the practitioner. Toothache is caused either by sun-borne gerifta or by an intrusive worm whose presence is made apparent by the caries it bores out. The ultimate and most successful therapy of the yiters medhaniyt awlakiy is extraction, with the use of European dental pliers. Because of the pain associated with this operation, laymen often

use local applications of commonly known palliatives, until subsequent discomfort obliges them to consult a tooth extractor.[3] In addition to simple toothache (yiters himem), gerifta may result in rheumatoid pain (kurtimat) in the cheek teeth and adjacent jaw, accompanied by swollen, itching gums. Although herbal poultices are available for this syndroms, only tooth extraction promises permanent relief. The yiters medhaniyt awlakiy also treats the newly irrupted teeth of year-old infants. The upper lateral incisors are believed to often cause infants severe pain, resulting in incessant crying, diarrhea and failure to suckle properly. To remedy this dangerous situation, the practitioner removes the offending teeth using an awl-like implement. In each of these dental operations, kusil is considered no real danger, and prophylaxis is not given.

Toothache is perhaps the only ailment for which wogeyša and herbalist (see below) both offer therapies. The differences here are illuninating: The dental wogeyša's therapy is only incidentally concerned with causes,

[3] In the abstract, these palliatives (distilled spirits known as arakiy and ginger root) are only effective against the intrusive worm, but in reality they are used even when evidence of the worm agent (til), i.e., caries, are not apparent.